



National Provider Identifier

A new identifier:

The NPI is the standard unique health identifier for health care providers.

Prepared for:

Arizona Health Care Cost Containment System

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NPI: Important Dates

- Final Rule published on January 23, 2004
- Effective date is May 23, 2005

Providers can begin applying for NPIs

- Compliance dates are:
 - **May 23, 2007** for all covered entities except small health plans
 - **May 23, 2008** for small health plans

By these dates, covered entities must use NPIs to identify providers in standard transactions.



NPI: What it will and will not do

- It will:
 - Replace the use of legacy provider identifiers (e.g., UPIN, Medicaid Provider Number, Medicare Provider Number, Blue Cross and Blue Shield Numbers) in standard transactions as of the compliance dates
 - Simplify transactions, including claims and COB, and save money in the long term
- It will not:
 - Guarantee reimbursement by health plans
 - Enroll providers in health plans
 - Make providers covered entities
 - Require providers to conduct electronic transactions
 - Serve the purposes of the DEA or taxpayer numbers



NPI: What does it look like?

- 10 positions (9 plus the check-digit)
- All numeric
- Does not convey information about the provider
- Is compatible with health insurance card issuer standard



NPI: Who can have an NPI?

- Any “health care provider” (160.103)
 - Both covered and noncovered providers
 - Individuals: Physicians, dentists, nurses, chiropractors, others
 - Organizations: Hospitals, ambulatory care facilities, laboratories, HMOs, group practices, others
- Subparts of Organization providers



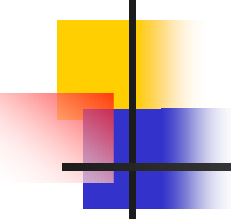
NPI: What is a “subpart”?

- A covered health care provider is a legal entity
- Subpart is *not* a legal entity but is part of the covered provider and it furnishes health care
- Examples: Hospital unit, member of chain
- A subpart does not necessarily correlate to “health care component” or “organized health care arrangement”
- Concept does not apply to individuals



NPI: Covered providers and "subparts"

- Covered provider responsible for determining subpart's need for NPI
- If need exists, covered provider responsible for subpart obtaining NPI
- Covered provider responsible for enumerated subpart's compliance with Final Rule



NPI: How does a provider obtain one?

- Provider completes application form to apply for NPI
 - Can file electronically or on paper
 - Application is processed by NPS
 - Data editing
 - Data validation
 - Duplicate detection
- Provider receives notification of NPI



NPI: Ensuring unique identification of a provider

- Information collected on application for NPI used for assignment of NPI
- Minimum information necessary for unique identification and communication
- Different information for individuals and organizations
- Data elements are categorized as:
 - Required or
 - Situational or
 - Optional



NPI: Information about individuals

- Required: name, gender, address/telephone, Taxonomy Code(s), date of birth, State/country of birth, contact person's name/telephone
- Situational: license number(s)/State(s) (required for certain Taxonomy Codes)
- Optional: SSN/ITIN, name prefix/suffix, other name(s), credential(s), other identifiers



NPI: Information about organizations

- **Required:** name, address/telephone, Taxonomy Code, authorized official's name/telephone, contact person's name/telephone
- **Situational:** EIN (required if provider has one), license number(s)/State(s)(required for certain Taxonomy Codes)
- **Optional:** other name(s), other identifiers



NPI: The National Provider System (NPS)

- Developed under contract with HHS
- Will process NPI applications and assign NPIs
- Will store information about enumerated providers and apply providers' updates
- Will generate reports and statistics
- System of Records Notice (July 28, 1998)



NPI: The enumerator

- Will operate under HHS contract
- Will receive applications and updates
- Will resolve errors, help with problems, and answer questions
- Will handle data requests
- Will operate the NPS



NPI: Enumerating existing providers

- Providers do not have to take any action at this time
- May 23, 2005: Providers may begin applying for NPIs
 - Extremely heavy initial demand
 - Covered providers *must* begin using NPIs in standard transactions within 2 years (by May 23, 2007)



NPI: Enumerating existing providers (cont.)

- Noncovered providers may apply for NPIs
 - Being assigned NPIs does not make them covered entities
 - There is no statutory or regulatory requirement for them to obtain or use NPIs
 - We encourage them to obtain and use NPIs
 - Health plans are not prohibited from requiring enrolled providers who are not covered providers to obtain and use NPIs if they are eligible for NPIs



NPI: Disseminating data

- 3 levels of users
 - 1-HHS/enumerator
 - 2-Health industry
 - 3-The public
- NPS System of Records Notice
 - Required uses and users of NPS data
- Protect confidentiality of data
- Heavy initial demand for data
- Strategy to be published



NPI: Summary of Final Rule

- Defines “covered health care provider”
- Sets compliance dates for covered entities
- Announces the standard and its required/permitted uses
- Lists the functions of the NPS
- States the requirements for covered entities



NPI: Requirements - Covered Providers

- Obtain an NPI for itself (and subparts if appropriate)
- Use its NPI to identify itself in standard transactions
- Disclose its NPI when requested
- Furnish updates to NPS (30 days)
- Require BAs to use all NPIs appropriately
- Comply with requirements for subpart(s)



NPI: Requirements – Health plans and clearinghouses

- Must use NPIs to identify providers in standard transactions
- Health plans may not require enumerated providers to obtain additional NPIs



NPI: What should covered entities be doing at this time?

- Become informed about the NPI and its implementation
- Educate staff
- Identify processes/systems that are affected by provider identifiers
- Develop implementation plans (internal, external with trading partners and others)



NPI: Effect on providers

- No longer necessary to use different identifiers in standard transactions for different health plans, contract arrangements, locations
- Simplifies billing
- Speeds up COB payments



NPI: Effect on health plans after the compliance date

- One number per provider/subpart
- A covered provider will use only its NPI to identify itself in standard transactions
- A noncovered provider with an NPI will use only its NPI to identify itself in standard transactions



NPI: Its effect on health plans (cont.)

- May discontinue use/maintenance of existing provider enumeration systems
- NPI does not reveal anything about the provider
- Simplifies COB
- Facilitates UR and PI



NPI: Its effect on health plans (cont.)

- Identify systems and processes that use provider identification numbers in order to replace with/link to NPIs
- Assess impact on data integrity
- Assess need for crosswalks



NPI: Its effect on health plans (cont.)

- Must continue to conduct provider enrollment processes, to include collecting and validating data not in the NPS:
 - Education, licensing, certification
 - Group memberships
 - Multiple practice location addresses
- Coordinate implementation date with providers, other trading partners



NPI: Effect on health care clearinghouses after the compliance date

- Similar to effects on health plans
- Operations involve many providers and many health plans
- May have to accommodate identifiers of noncovered providers who do not obtain NPIs
- Coordinate implementation date with trading partners



NPI: Effect on X12N 4010A1 IGs

- NPI will be used as the enumerated provider's Primary--and only--Identifier
- Legacy identifiers (Secondary Identifiers) will not be used after 5/23/07 to identify enumerated providers
- EIN (issued by IRS) must be used for tax purposes
- FR does not require NPI to replace ETINs



NPI: Information and guidance

- www.cms.hhs.gov/hipaa/hipaa2
 - Link to Final Rule
 - Frequently Asked Questions
 - Check-digit algorithm
 - Listservs (outreach, regulations)
- Continuing CMS guidance and outreach activities
- Role of health industry organizations